

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AD</i>	<i>IC331</i>	
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>2/24/00</i>
FORMALITY REVIEW		<i>65955</i>	<i>4/6</i>
RESPONSE FORMALITY REVIEW		<i>11 18</i>	<i>5/9</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2/24/00</i>
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Claim	Final	Original	Date
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Claim	Final	Original	Date
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)